

State of California  
**Department of Health Services**

July 25, 2003

CHDP Program Letter No.: 03-15

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION  
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL  
CONSULTANTS, HEALTH CARE PROGRAM FOR CHILDREN IN  
FOSTER CARE (HCPCFC) SUPERVISING PUBLIC HEALTH  
NURSES, STATE CHILDREN'S MEDICAL SERVICES (CMS)  
BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: REVISIONS TO THE HCPCFC ADMINISTRATIVE FUNDING  
METHODOLOGY AND BUDGET FORMAT

The purpose of this letter is to notify local CHDP Program staff of changes made in the funding methodology for local HCPCFC administrative programs beginning with Fiscal Year (FY) 2003-2004. Budget preparation instructions and forms have been changed and are included as enclosures with this letter. Please insert this CHDP Program Letter with the Enclosures into Section 6, Budget Instructions of the CMS Plan and Fiscal Guidelines (PFG), until such time as this content can be formatted for inclusion in the PFG as a revision.

The goal of the budget methodology is to make the HCPCFC budgeting process more dynamic, linked to the changes in the caseload and supportive of the public health nursing program activities. FY 2003-2004 is a year of transition from the previous budget methodology to this new approach. The current budget deficit may require adjustments to the methodology to assure sufficient funds are available to all local programs.



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

Children's Medical Services Branch  
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(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

## **Background**

Prior to FY 2003-2004, local HCPCFC administrative programs received a fixed allocation of state funding matchable with up to 75 percent federal funding through Title XIX. This was distributed to local programs based on the caseload data from the Child Welfare System/Case Management System (CWS/CMS), maintained by the California Department of Social Services (CDSS). This data included children and probation youth in out of home placement, or foster care.

State General Fund allocations to each local program were based upon the number of children under the supervision of the county and the number of children placed in that county from other counties. Funding adjustments were made for those counties with a minimum caseload and those counties with city health departments.

The State General Fund were matched through the federal Medicaid Program (Title XIX) as administrative activities in support of Medicaid (Medi-Cal in California) beneficiaries in out-of-home placement. The initial allocation method did not allow for changes in the caseload, workload of the public health nurses (PHNs) or increasing administrative costs for the HCPCFC. This change in budget methodology begins to adjust for caseload changes, the scope of PHN Program activities, and to assist local programs with administrative expenses.

A description of the funding methodology changes and materials needed to prepare the budgets are included in this letter. The Enclosure Index can be found on page seven.

## **Overview of Changes**

The changes in budget methodology are:

- Elimination of a fixed allocation;
- Use of annual average Out-of-Home Placement Caseload Data from CWS/CMS, CDSS;
- Use of PHN program activity staffing factors and caseload data to calculate the total annual Full Time Equivalents (FTEs);
- Inclusion of Supervising Public Health Nurse (SPHN) time on the budget at a ratio of one SPHN to ten PHNs (1:10);

- Retention of the ten percent cap on Internal Indirect expenses; and an
- Optional Foster Care Administrative Budget County/City Match to fund staff working in support of children and youth in out-of-home placement or foster care and whose positions were previously on the CHDP Program budget. A statement identifying the source of local funds is required.

### **Budget Methodology and Budget Components**

Local programs are to prepare their HCPCFC Administrative Budgets for FY 2003-2004 using the budget instructions and staffing formulas provided with this letter. The local HCPCFC Administrative budgets should reflect the total PHN and SPHN FTE staffing needed to perform program activities.

If a local program determines it is necessary to request additional funds for staff who perform administrative case management activities in support of children in out-of-home placement and whose positions were previously on a CHDP Administrative Budget, an optional Foster Care Administrative Budget County/City Match may be submitted.

The goal of this budget methodology change is to make the budgeting process for local programs more dynamic and supportive of the public health nursing activities on behalf of children and youth on probation in out-of-home placement in the county or city. Fiscal year 2003-2004 is a transitional year in the implementation of a staffing standard that links PHN administrative case management activities to caseload.

### **Personnel Expenses**

Personnel on the HCPCFC Administrative Budget are limited to PHNs and SPHNs who meet the federal definition of Skilled Professional Medical Personnel (SPMP). If there have been changes to duty statements from the previous year, or if civil service classification statements from the prior year have changed or are newly established, they must be submitted with the budget.

PHN Program Activities were used to develop a staffing factor standard of five hours per child per year. This staffing factor is used to calculate the total number of PHN FTEs needed for the program each budget year. The basic formula incorporates the average annual county/city caseload of children and probation youth in out-of-home placement provided by CWS/CMS. The caseload number is multiplied by the five hour per child per year Staffing Factor to arrive at the total number of PHN hours needed for the caseload per year. The total number of PHN hours divided by the total annual work hours per PHN FTE provides the number of needed FTE PHNs for the program.

Enclosure A, Staffing Factors describes the PHN Program Activities and the basic formula used to calculate the number of PHN and SPHN FTEs. The caseload data is in Enclosure J.

During this transition year, the staffing factor standard of five hours per child per year may not be attainable by some local programs. If this is the case for your program, the following adjustments are recommended:

- For caseload ratios of one PHN to 450 children or less the Staffing Factor of five hours per child per year is recommended.
- For caseload ratios of one PHN to 451 through 600 children, a Staffing Factor of four hours per child per year is recommended.
- For caseload ratios of one PHN to 601 children and above, a Staffing Factor of three point five hours per child per year is recommended.

### **Operating Expenses**

Operating expenses for the program include travel (e.g. per diem, commercial auto rental, motor pool, air travel and private vehicle mileage), and training expenses for the PHNs and SPHNs assigned to the program.

### **Indirect Expenses**

The internal indirect expenses are limited to 10 percent of the total budgeted Personnel Expenses. The internal indirect overhead costs must be those developed using the cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget Circular A-87".

### **Funding Sources for the HCPCFC Administrative Budget and Foster Care Administrative Budget County/City Match**

The HCPCFC Administrative Budget is funded with State General Fund and Federal Title XIX funds. The State General Fund dollars is matched with federal funds.

The Foster Care Administrative Budget County/City Match budget has a local county/city source of funding that may be matched with Title XIX federal funds.

The Foster Care Administrative Budget Summary County/City Match must contain a statement identifying the specific source of local funds, (e.g. county child welfare, probation, grant, etc).

**Budget Preparation for FY 2003-2004**

Budget instructions for the HCPCFC Administrative Budgets, the Foster Care Administrative County/City Match Budgets, the Budget Summary Instructions, and forms are included in Enclosures B through I.

The materials needed for the budget preparation and the list of materials to be submitted with the joint plan to the CMS Branch are listed below. These materials will be incorporated in the CMS PFG as revisions. Relevant information is available in the PFG on budget preparation such as budget tips, definitions, and guidelines.

**Materials Needed for the Preparation of the FY 2003-2004 HCPCFC Administrative Budget and Foster Care Administrative Budget County/City Match:**

1. Staffing Factors (Enclosure A);
2. HCPCFC Administrative Budget Worksheet (Enclosure B)
3. HCPCFC Administrative Budget Instructions (Enclosure C );
4. HCPCFC Administrative Budget Summary (Enclosure D);
5. HCPCFC Administrative Summary Instructions (Enclosure E);
6. Foster Care Administrative Budget Worksheet County/City Match (Enclosure F);
7. Foster Care Administrative Budget County/City Match Instructions (Enclosure G);
8. Foster Care Administrative Budget Summary County/City Match (Enclosure H;
9. Foster Care Administrative Budget Summary County/City Match Instructions, (Enclosure I);
10. Annual Average Out-of-Home Placement Caseload Data, March 2002 to February 2003, by Supervising County and Children Placed in that County by Other Counties, CWS/CMS, number 03098 and number 03097, Data Analysis and Publications, California Department of Social Services. (Enclosure J).

**Submission of HCPCFC Administrative Budget-for FY 2003-2004:**

The budget package must be submitted to the CMS Branch one month from the date of this Program Letter. The contents shall consist of the following:

1. HCPCFC Administrative Budget Worksheet, Enclosure B.
2. HCPCFC Administrative Budget Summary, Enclosure D.
3. HCPCFC Administrative Budget documents:
  - a) Budget narrative, Sample can be found in the PFG, Section 6, pages 177-178.
  - b) Job duty statements, PFG, Section 2, pages 27 and 35.
  - c) Incumbent list, PFG, Section 2, page 35.
  - d) Organization chart.

**Submission of the Optional Foster Care Administrative Budget County/City Match for FY 2003-2004:**

The contents shall consist of the following:

1. Foster Care County/City Match Budget Worksheet, Enclosure F.
2. Foster Care County/City Match Budget Summary, Enclosure H.
3. Foster Care County/City Match Budget documents:
  - a) Budget narrative, including the required statement of the source of local funds,
  - b) Job duty statements, CMS, PFG, Section 2, pages 27 and 35.
  - c) Incumbent List, CMS, PFG, Section 2, page 35.
  - d) Organization chart.

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If you have questions on the preparation of your budget or the use of the new method for calculating PHN and SPHN FTEs, please contact your CMS Regional nurse consultant or administrative consultant/analyst.

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

## **Enclosure Index**

### **Forms and Information for Completion of the FY 2003-2004 HCPCFC Administrative Budget and the Foster Care Administrative Budget County/City Match**

Enclosure A:	Staffing Factors
Enclosure B:	HCPCFC Administrative Budget Worksheet
Enclosure C:	HCPCFC Administrative Budget Instructions
Enclosure D:	HCPCFC Administrative Budget Summary
Enclosure E:	HCPCFC Administrative Budget Summary Instructions
Enclosure F:	Foster Care Administrative Budget Worksheet County/City Match
Enclosure G:	Foster Care Administrative Budget County/City Match Instructions
Enclosure H:	Foster Care Administrative Budget County/City Match Summary
Enclosure I:	Foster Care Administrative Budget Summary County/City Instructions
Enclosure J.	Annual Average Out-of-Home Placement Caseload Data, March 2002 to February 2003, by Supervising County and Children Placed in that County by Other Counties, CWS/CMS, number 03098 and number 03097, Data Analysis and Publications, California Department of Social Services.

**HPCFC BUDGET FUNDING  
FISCAL YEAR 2003 – 2004  
STAFFING FACTORS**

**PROGRAM ACTIVITIES**

**Public Health Nurse (PHN)**

**1. INFORMING/LINKING**

- designated staff = public health nurse who meets the skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.
- activities focus on promoting knowledge of:
  - the need for preventive health services,
  - how to access services, and
  - the need to maintain a link to health care services provided through the Child Health and Disability Prevention (CHDP) and Medi-Cal programs.
- total annual average county or city caseload for child welfare services and departments of probation.

**2. CARE COORDINATION**

- designated staff = public health nurse who meets the skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV.
- activities focus on:
  - ensuring appropriate health services are accessed;
  - assisting with the health plan as a part of the case plan;
  - providing follow up to maintain continuity of care;
  - providing consultation to the foster care team members, and
  - assist with the maintenance of the child's Health and Education Passport.
- total annual average county or city caseload for child welfare services and departments of probation.

**3. ORIENTATION AND TRAINING: Caseworkers, Probation Officers, Foster Care Providers, Health Care Providers, Officers of the Court and Others**

- designated staff = public health nurse who meets the skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- activities focus on the:
  - provision of health and medical information to the foster care team as it relates to the special health needs of the child in foster care.
  - total annual average county or city caseload for child welfare services and departments

#### 4. LIAISON

- designated staff = public health nurse who meets the skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- activities focus on:
  - coordinating and problem solving with CHDP program staff, health care providers, community agencies, and transitional programs to ensure the continued effective and appropriate use of the Medi-Cal program,
  - coordinating with county/city social services programs, Independent Living Skills Program.
  - coordinating with other county/city public health department (PHD) programs and social services programs such as the following:
    - California Children's Services (CCS)
    - Schools
    - Regional Center
    - Mental and Behavioral Health programs
    - Immunization
    - Childhood Lead Poisoning Prevention
    - Maternal and Child Health (MCH)
    - Women's, Infants, and Children (WIC)
    - Child Health and Disability Prevention (CHDP)

#### PHN PROGRAM ACTIVITIES BASIC FORMULA

##### Basic Formula

$$\begin{array}{l} \text{Total annual average county/city caseload} \\ \times \text{ Five hours per child per year} \\ = \text{Number of PHN hours for caseload per year} \end{array}$$

$$\begin{array}{l} \text{Total number PHN hours for caseload per year} \\ \div \text{Total annual work hours (2080) per PHN FTE} \\ = \text{Annual PHN FTEs} \end{array}$$

##### EXAMPLE: XYZ COUNTY

$$\begin{array}{l} 4,448 \text{ Caseload} \\ \times 5 \text{ Hours Per Child} \\ = 22,240 \text{ Total Number of PHN Hours per year for the caseload} \end{array}$$

$$\begin{array}{l} 22,240 \text{ PHN hours per year for the caseload} \\ \div 2,080 \text{ annual work hours per FTE} \\ = 10.69 \text{ Annual PHN FTEs} \end{array}$$

#### NURSE SUPERVISOR BASIC FORMULA

##### Supervision (SUPV)

**Public Health Nurses working in the HPCFC require professional nursing supervision.**

**Required Information**

- designated staff = public health nurse who meets the skilled professional medical personnel (SPMP) qualifications in accordance with Title 42, Code of Federal Regulations (CFR), Chapter IV
- total PHN FTEs for Program Activities
- HPCFC established ratio. One (1) SUPV FTE to every ten (10) FTEs of PHN, 1:10

**Basic Formula**

$$\begin{aligned} & \text{Total FTEs of PHN} \\ \div & \text{Established ratio of SUPV to PHN} \\ = & \text{Annual FTEs of SUPV} \end{aligned}$$

EXAMPLE: XYZ COUNTY

10.69 Total PHN FTEs

÷10 SPHN at 1:10

1.07 SPHN FTE

**Total PHN and SPHN staff**

Total PHN FTEs

+ Total SPHN FTEs

Total Annual PHN and SPHN FTEs

**Example: XYZ**

10.69

+1.07

11.76

## Enclosure B

## HCPCFC Administrative Budget Worksheet

Version \_\_\_\_\_

Fiscal Year \_\_\_\_\_

County/City Name: \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced State/Federal (25/75)	% or FTE	Nonenhanced State/Federal (50/50)
<b>I. Personnel Expense</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %)	0.00%						
<b>I. Total Personnel Expense</b>							
<b>II. Operating Expense</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expense</b>							
<b>III. Capital Expense</b>							
1.							
2.							
<b>III. Total Capital Expense</b>							
<b>IV. Indirect Expense (10% Cap)</b>							
1. Internal (Specify %)	0.00%						
2. External							
<b>IV. Total Indirect Expense</b>							
<b>V. Other Expense</b>							
1.							
2.							
<b>V. Total Other Expense</b>							
<b>Budget Grand Total</b>							

\_\_\_\_\_  
Prepared By\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number\_\_\_\_\_  
CHDP Director or Deputy Director (Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number

## HCPCFC Administrative Budget Instructions (State/Federal Match)

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### I. Personnel Expense

List as a separate line item each funded position by incumbent name and classification. For each line item complete the following columns:

**1A. Percentage of Full Time Equivalent (FTE):** Enter the annualized FTE in Column 1A, i.e., percentage of time to be spent on program activities during the budget fiscal year for each position listed under "Personnel Expense."

Formula: Time base multiplied by number of months to be worked in fiscal year divided by number of months in year equals FTE.

Example: Employee works one day per week (1/5 time) for six months out of 12 months (6/12); Formula:  $1/5 \times 6/12 = 6/60 = 1/10$  FTE or .10.

**NOTE:** The totals of Columns 2A plus 3A must equal 100%. The totals of Columns 2 plus 3 must equal the total of Column 1.

**1B. Annual Salary:** Enter in Column 1B, the annual full time salary for each position listed under "Personnel Expense."

#### 1. Total Budget

- Multiply each entry in Column 1A, "% FTE" , by the corresponding entry in Column 1B, "Annual Salary", and
- Enter the amount in Column 1 "Total Budget." (Column 2 plus Column 3 must equal this amount.)

#### 2/2A. Percentage of FTE/Enhanced (25/75)

- Enter in Column 2A, "% FTE", the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget" by the percent of FTE in Column 2A, "% FTE", and
- Enter the amount in Column 2, Enhanced.

#### 3/3A. Percentage of FTE/Nonenhanced (50/50)

- Enter in Column 3A, the portion of annualized FTE to be spent on eligible nonenhanced program activities for each position listed.
- Multiply the amount in Column 1, "Total Budget:" by the percent of FTE in Column 3A, and
- Enter the amount in Column 3, Nonenhanced.

**Total Salaries and Wages**

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salary and Wages" line item.

**Less Salary Savings**

- "Salary Savings" **cannot** be claimed on this budget.

**Net Salaries and Wages**

- Re-enter the balance of each column on the line entitled "Net Salaries and Wages."

**Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages " in Columns 1,2, and 3, and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line.

**Total Personnel Expense**

- Add the "Staff Benefits" amounts in each column (1,2, and 3) to the "Net Salaries and Wages " in each column, and
- Enter the total of each column on the "Total Personnel Expense" line item.

## II. Operating Expense

- Travel. [includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc.], and
- Training.
- Documents related to these expenses are to be maintained on file by the local program in accordance with the FFP Guidelines, Section 9.

## III. Capital Expense

- " Capital Expense" **cannot** be claimed on this budget.

## IV. Indirect Expense

**Indirect expenses are limited to a maximum of 10 percent of Personnel Expense.**

**External** – “External Indirect Expense” **cannot** be claimed on this budget.

**NOTE:** Public Health Nurses working in the HCPCFC are located in the local offices of child welfare services or departments of probation. External Indirect Expenses are not incurred by local health departments.

**Internal** – Internal Indirect Expense is limited to 10% of the Total Personnel Expense for this budget. Any departmental overhead costs, which are allocated, must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, “Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government, Implementation Guide for Office of Management and Budget, Circular A-87”.

- Enter the amount of Internal Indirect Expenses on the appropriate line in Column 3.
- Enter the amount from Column 3 for each line in Column 1.

**NOTE:** When calculating indirect expenses for Title XIX funding, apply the nonenhanced (50/50) rate to all qualified expenses in Column 3, regardless of whether personnel expenses are enhanced or nonenhanced.

### **Total Indirect Expense**

Enter the total for Columns 1 and 3 on the “Total Indirect Expense” line item.

**V. Other Expense**

"Other Expense" **cannot** be claimed on this budget.

**Budget Grand Total**

Enter the sum of the "Total Personnel Expense," "Total Operating Expense," and "Total Indirect Expense" lines in each Column (1,2, and 3), and

Enter the grand total for each column on the "Budget Grand Total" line item.

Enclosure D

Version \_\_\_\_\_

**HCPCFC Administrative Budget Summary**

Fiscal Year \_\_\_\_\_

County/City Name: \_\_\_\_\_

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
I. Total Personnel Expense			
II. Total Operating Expense			
III. Total Capital Expense			
IV. Total Indirect Expense			
V. Total Other Expense			
Budget Grand Total			

Column	1	2	3
Source of Funds	Total Funds	Enhanced State/Federal (25/75)	Nonenhanced State/Federal (50/50)
State Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Prepared By	Date	Phone Number
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CHDP Director or Deputy Director (Signature)	Date	Phone Number
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## **HPCFC Administrative Budget Summary Instructions**

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### **I. HPCFC Administrative Budget Summary**

- Transfer the dollar amount from the total amount of each line item and column of the HPCFC Administrative Budget Worksheet to the HPCFC Administrative Budget Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

### **II. Source of Funds**

#### **A. Enhanced Funds**

- Multiply the Enhanced Budget Grand Total amount in Column 2 by 25 percent. Enter the amount on the State Funds line, Enhanced column, in the Source of Funds section.
- Subtract the State Funds amount from the Budget Grand Total in Column 2, and enter this amount on the Federal Funds line, Enhanced Column, in the Source of Funds section.

#### **B. Nonenhanced Funds**

- Multiply the Nonenhanced Budget Grand Total amount in Column 3 by 50 percent. Enter this amount on the County Funds line, Nonenhanced column, in Source of Funds section.
- Subtract the State Funds amount from the Budget Grand Total in Column 3, and enter this amount on the Federal Funds line, Nonenhanced column, of the Source of Funds section.

#### **C. Total Funds and Grand Total**

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

**NOTE:** The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

**Foster Care Administrative Budget County-City Match****Enclosure F**

Version \_\_\_\_\_

Fiscal Year \_\_\_\_\_  
County/City Name: \_\_\_\_\_

Column	1A	1B	1	2A	2	3A	3
Category/Line Item	% or FTE	Annual Salary	Total Budget (1A x 1B or 2 + 3)	% or FTE	Enhanced County-City/Federal (25/75)	% or FTE	Nonenhanced County-City/Federal (50/50)
<b>I. Personnel Expense</b>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Total Salaries and Wages							
Less Salary Savings							
Net Salaries and Wages							
Staff Benefits (Specify %)	0.00%						
<b>I. Total Personnel Expense</b>							
<b>II. Operating Expense</b>							
1. Travel							
2. Training							
<b>II. Total Operating Expense</b>							
<b>III. Capital Expense</b>							
1.							
2.							
<b>III. Total Capital Expense</b>							
<b>IV. Indirect Expense</b>							
1. Internal (Specify %)	0.00%						
2. External							
<b>IV. Total Indirect Expense</b>							
<b>V. Other Expense</b>							
1.							
2.							
<b>V. Total Other Expense</b>							
<b>Budget Grand Total</b>							

\_\_\_\_\_  
Prepared By\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number\_\_\_\_\_  
CHDP Director or Deputy Director (Signature)\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number

**Foster Care Administrative Budget  
County/City Match  
Instructions  
County/City Funds and Title XIX Federal Funds**

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**I. Personnel Expense**

In this section, list each funded position as a separate line item by incumbent name and classification and complete the following columns:

**1A. Percentage of FTE:** Enter the portion of the FTE in Column 1A for the percentage of time spent on program activities during the budget fiscal year for each position listed in "Personnel Expense" section.

Formula: Time base multiplied by twelve months.

Example: Employee works one day per week (1/5 time)  $1/5 = 0.2$  or 20 percent

**1B. Annual Salary:** Enter in Column 1B the salary for each full-time position listed in the "Personnel Expense" section.

**Total Budget**

- Multiply each entry in Column 1A "% FTE" by the corresponding entry Column 1B "Annual Salary" and
- Enter the amount in Column 1 "Total Budget" (Columns 2 plus 3 must equal this amount.)

**2/2A. Percentage of FTE/Enhanced (25/75)**

- Enter in Column 2A, "% FTE" the portion of the annualized FTE to be spent on eligible enhanced program activities for each position listed. The sum of Column 2A and 3A must equal 100 percent.
- Multiply the FTE in Column 2A by the "Total Budget" in Column 1, and
- Enter the amount in Column 2, Enhanced.

**NOTE:** If your local program uses one cost center for time studies in the CHDP program, and the time studies are used to invoice expenditures for the HCPCFC Administrative Budget and the Foster Care County/City

Match Budget the proportions of enhanced and nonenhanced time for personnel claimed in the two budgets must be the same.

**3/3A. Percentage of FTE/Nonenhanced**

- Enter in Column 3A, the percentage of the FTE in Column 1A for eligible nonenhanced program activities for each position listed.
- Multiply the FTE in Column 3A by the Total Budget in Column 1 and
- Enter the amount in Column 3, Nonenhanced.

**Total Salaries and Wages**

- Add the "Salaries and Wages" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Salaries and Wages" line item.

**Less Salary Savings**

**NOTE:** Complete only if the county/city government mandates salary savings.

- Multiply the county/city salary savings percentage by the "Total Salaries and Wages" line for each column, and
- Enter the negative amount on the "Salary Savings" line for each column.

**Net Salaries and Wages**

- Subtract the "Salary Savings" amount from the "Total Salaries and Wages" in Columns 1, 2, and 3, and
- Enter the balance of each column on the line entitled "Net Salaries and Wages."

**Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the "Net Salaries and Wages" in Column 1, 2, and 3, and enter the amounts on this line, or

- Enter the actual staff benefits amount as determined by the county/city on this line.
- Total Personnel Expense
- Add the "Staff Benefits" amounts to the "Net Salaries and Wages" amounts in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Personnel Expense" line item.

## II. Operating Expense

Personnel Travel – Includes per diem, commercial automobile rental, motor pool, air travel, and private vehicle mileage, etc.

Personnel Training – Includes registration fees and tuition costs for training of program staff.

**NOTE:** All travel costs related to training must be included under "Travel."

- Enter the amounts budgeted for each item in Medi-Cal Enhanced in Column 2 and Medi-Cal Nonenhanced in Column 3.
- Add Columns 2 and 3 for each line and enter the sum in Column 1.

### Additional Operating Expense

List all other operating expense line items separately, e.g., rent, supplies.

- Enter the amounts budgeted for each line item of additional operating expense in Medi-Cal Nonenhanced (Column 3).
- Enter amount of Column 3 in Column 1 for each line.

**NOTE:** The only "Operating Expense" line items that are eligible for enhanced costs are travel and training.

### Total Operating Expense

- Add the "Operating Expense" amounts itemized in Columns 1, 2, and 3, and
- Enter the total for each column on the "Total Operating Expense" line.

### III. Capital Expense

- Enter the approved budget amounts in Column 3.
- Enter the same amount in Column 1.

#### Total Capital Expense

- Add the "Capital Expense" amounts itemized, and
- Enter the total for each column on the "Total Capital Expense" line item.

### IV. Indirect Expense

**External** – Any countywide overhead costs must have an approved plan on file with the State Controller's Office (A-87 plan)

**Internal** – Any departmental overhead costs that are allocated must be developed with a cost allocation plan (CAP) prepared in accordance with federal guidelines, "Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal, Implementation Guide for Office of Management and Budget, Circular A-87".

The amount of External and Internal Indirect Expenses will be calculated by multiplying the percentages (assigned by the county/city fiscal staff for each type of Indirect Expense) by the budgeted amounts for "Total Salaries, Wages and Benefits," depending on the base amount used to develop the percentage. Some counties/cities may have a flat dollar amount versus a percentage to distribute. This may be accomplished by developing ratios from total FTEs or from the budgeted amounts as described above.

- Enter the calculated amounts of External and Internal Indirect expenses on the appropriate lines in Column 3.
- Enter the amounts from Column 3 for each line in Column 1.

#### Total Indirect Expense

- All indirect expenses are nonenhanced.
- Add all "Indirect Expense" amounts itemized, and

- Enter the totals for Columns 1 and 3 on the "Total Indirect Expense" line item.

## **V. Other Expense**

This Section includes any expenses not directly attributable to one of the above "Operating Expense" line items.

List each "Other Expense" item individually under this section.

- Enter the budgeted amount in Medi-Cal Nonenhanced, Column 3.
- Enter the amount from Column 3 in Column 1.

### **Total Other Expense**

- Add all "Other Expense" amounts itemized, and
- Enter the totals for each column on the "Total Other Expense" line item.

### **Budget Grand Total**

- Enter the sum of the "Total Personnel Expense," "Total Operating Expense," "Total Capital Expense," "Total Indirect Expense," and "Total Other Expense" lines in Columns 1, 2, and 3, and
- Enter the grand total for each column on the "Budget Grand Total" line item.

Version \_\_\_\_\_

**Foster Care Administrative Budget Summary County-City Match**

Fiscal Year \_\_\_\_\_

County/City Name: \_\_\_\_\_

Column	1	2	3
Category/Line Item	Total Budget (2 + 3)	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
I. Total Personnel Expense			
II. Total Operating Expense			
III. Total Capital Expense			
IV. Total Indirect Expense			
V. Total Other Expense			
Budget Grand Total			

Column	1	2	3
Source of Funds	Total Funds	Enhanced County- City/Federal (25/75)	Nonenhanced County- City/Federal (50/50)
County-City Funds			
Federal Funds (Title XIX)			
Budget Grand Total			

Source County-City Funds: \_\_\_\_\_

Prepared By	Date	Phone Number
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CHDP Director or Deputy Director (Signature)	Date	Phone Number
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**Foster Care Administrative Budget  
County/City Match Summary Instructions**

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**I. Foster Care County/City Administrative Budget Summary**

- Transfer the dollar amount from the total amount of each line item and column of the Foster Care Administrative Budget County/City Match Worksheet to the Foster Care Administrative Budget County/City Match Summary form. Compute the amounts in the "Source of Funds" section of the budget as described below.

**II. Source of Funds (County/City Match)**

**The source of local funds for the county/city match must be identified on the budget summary and included in the budget narrative.**

**A. Enhanced Funds**

- Multiply the Enhanced Budget Grand Total amount in Column 2 by 25 percent. Enter the amount on the County Funds line, Enhanced column, in the Source of Funds section.
- Subtract the County Funds amount from the Budget Grand Total in Column 2, and enter this amount on the Federal Funds line, Enhanced Column, in the Source of Funds section.

**B. Nonenhanced Funds**

- Multiply the Nonenhanced Budget Grand Total amount in Column 3 by 50 percent. Enter this amount on the County Funds line, Nonenhanced column, in Source of Funds section.
- Subtract the County Funds amount from the Budget Grand Total in Column 3, and enter this amount on the Federal Funds line, Nonenhanced column, of the Source of Funds section.

**C. Total Funds and Grand Total**

- Add the amount of State Funds in Column 1 in the Source of Funds section to the Federal Funds (Title XIX) in Column 1 in the Source of Funds section to arrive at a Grand Total.

**NOTE:** The Total Funds will equal the Enhanced plus the Nonenhanced State Funds for the State Funds line and the Enhanced plus the Nonenhanced Funds for the Federal Funds line.

The total of funding amounts entered under each column in the Source of Funds section must agree with the totals for the same column entered on the Budget Grand Total line.

Enclosure J  
**Annual Average Out-of-Home Placement Caseload Data, March 2002 to February 2003, by  
Supervising County and Children Placed in that County by Other Counties,**  
CWS/CMS, #03098 and #03097, Data Analysis and Publications, California Department of Social Services

County or City	Number of Children Supervised by County	Number of Children from Other Counties	Total Number of Children in County/City
Alameda**	4,779	690	5,469
Alpine	4	7	11
Amador	33	30	63
Berkeley**	133	19	152
Butte	773	277	1,050
Calaveras	136	177	313
Colusa	31	29	60
Contra Costa	2,327	919	3,246
Del Norte	151	18	169
El Dorado	199	232	431
Fresno	3,440	519	3,959
Glenn	73	48	121
Humboldt	307	72	379
Imperial	487	60	547
Inyo	41	4	45
Kern	2,995	256	3,251
Kings	389	102	491
Lake	197	70	267
Lassen	99	43	142
Long Beach**	1,288	50	1,288
Los Angeles**	33,951	1247	35,198
Madera	225	234	459
Marin	160	163	323
Mariposa	56	37	93
Mendocino	397	131	528
Merced	560	285	845
Modoc	43	33	76
Mono	9		9
Monterey	431	134	565
Napa	185	183	368
Nevada	124	126	250
Orange	4,262	788	5,050

Enclosure J  
**Annual Average Out-of-Home Placement Caseload Data, March 2002 to February 2003, by  
Supervising County and Children Placed in that County by Other Counties,**  
CWS/CMS, #03098 and #03097, Data Analysis and Publications, California Department of Social Services

County or City	Number of Children Supervised by County	Number of Children from Other Counties	Total Number of Children in County/City
Pasadena**	537	19	556
Placer	455	210	665
Plumas	67	27	94
Riverside	5,020	2715	7,735
Sacramento	5,684	894	6,578
San Benito	90	63	153
San Bernardino	5,659	3534	9,193
San Diego	6,877	385	7,262
San Francisco	2,431	271	2,702
San Joaquin	1,685	797	2,482
San Luis Obispo	453	85	538
San Mateo	591	298	889
Santa Barbara	386	113	499
Santa Clara	2,660	334	2,994
Santa Cruz	340	107	447
Shasta	631	306	937
Sierra	10	3	13
Siskiyou	181	23	204
Solano	662	790	1,452
Sonoma	648	249	897
Stanislaus	750	695	1,445
Sutter	242	117	359
Tehama	211	101	312
Trinity	56	14	70
Tulare	1,380	341	1,721
Tuolumne	136	32	168
Ventura	819	188	1,007
Yolo	489	126	615
Yuba	345	120	465
<b>TOTALS</b>	<b>97,776</b>	<b>19,940</b>	<b>117,666</b>